## **Department of Public Health**

Updated:

## MARRIAGE LICENSE WORKSHEET, MERIDEN, CT

Сору:

<b>Date</b>	App	lied	

<u>GROOM / SPOUSE</u>						<u>BRIDE / SPOUSE</u>									
NAME (F	First)	rst) (Middle)			(Last)	NAME (	NAME (First) (Middle)						(Last)		
SEX	DATE	DF BIRTH (Mo.; Day, Year)			AGE	SEX	DAT	DATE OF BIRTH (Mo., Day, Year)							
BIRTHPLACE  EDUCATION (No. Yrs. Completed)  GRADES GRADES 9- COLLEGE (1-5+)  1-8					s. Completed) 9- COLLEGE (1-5+)	BIRTHPLACE    EDUCATION (No. Yrs. Completed)   GRADE   GRADES   COLLEGE   S 1-8   9-12						ompleted) COLLEGE (1-5+)			
RESIDENCE (No. and Street)					RESIDENCE (No. and Street)										
CITY OR 1	TY OR TOWN COUNTY			UNTY		STATE	CITY OR	OR TOWN			COUNTY			STATE	
RACE	SÜPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR  YES NO					SERVATOR	RACE SUPERVISION OR CONGULAR GUARDIAN OR CONSER					RVATOR			
FATHER'S FULL NAME					FATHER'S FULL NAME										
FATHER'S BIRTHPLACE (State or Foreign Country)  MOTHER'S BIRTHPLACE (State or Foreign Country)						FATHER'S BIRTHPLACE (State or Foreign Country)  MOTHER'S BIRTHPLACE (State or Foreign Country)									
MOTHER'S FULL MAIDEN NAME					MOTHER'S FULL MAIDEN NAME										
NO. OF TH MARRIAG		NO. OF CIVIL UNIONS	CIVIL UNION, LAST RELATIONSHIP WAS				NO. OF T MARRIAG		NO. OF CIVIL UNIONS	OR CIVIL UNION, LAST RELATIONSHIP WAS					_
LAST REL	1. ☐MARRIAGE 2. ☐CIVIL UNION AST RELATIONSHIP ENDED BY:						MARRIAGE 2 CIVIL UNION LAST RELATIONSHIP ENDED BY:								1
1. ☐ DEATH 2. ☐ DISSOLUTION 3. ☐ ANNULMENT					1. ☐ DEATH 2.☐DISSOLUTION 3. ☐ ANNULMENT										
4. □PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					4. □PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER										
GROOM/SPOUSE - SOCIAL SECURITY#ONLY					BRIDE / SPOUSE - SOCIAL SECURITY # ONLY										
* THE LICENSE WILL ONLY BE VALID FOR 65 DAYS AFTER THE DATE OF APPLICATION *															
*** For Office Use Only ***															
Date of Marriage						License Paid: \$									

Date of Marriage	License Paid: \$
Place of Marriage	Copy: \$ Total \$
Officiator	Mail To Address:
Phone# B/G	